



Reasonable Accommodation Request Form ■ Part 1

The City is required by the Federal Fair Housing Act and the California Fair Employment and Housing Act to provide a process for consideration of reasonable accommodation requests. A deviation process is available to applicants for circumstances where the existing zoning regulations would preclude residential development for persons with disabilities (CVMC Chapter 1.50). All requests for accommodation are determined on a case-by-case basis. You will be contacted if additional information is required to determine the reasonableness of the accommodation requested.

Instructions: Please print legibly or type. Please attach any documents that you feel are necessary to support your request for reasonable accommodation and would assist us in considering your request, (e.g. medical documentation which supports the need for the accommodation as prescribed under disability law). Please note that all documents submitted will be kept as a record of the decision and may be made available to the public upon request.

1. Applicant Name	
Address	Telephone Number () Email:
2. Property Owner Name	
Address	Telephone Number () Email:
3. Site Address where accommodation is requested	4. Type of Building <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment Building <input type="checkbox"/> Other
5. Code accommodations requested: <input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Land Use <input type="checkbox"/> Other _____ Please identify the reasonable accommodations requested and the specific regulations, policy, or procedure for which a deviation or waiver is requested.	
6. Please describe why the reasonable accommodations may be necessary, for you or for another individual(s) with disabilities seeking the specific housing, to use and enjoy the housing. It is not required to provide the City with the name or extent of the disability; however, please provide enough information so that the City may make an informed determination on whether the reasonable accommodation may be necessary.	



Development Services Department Reasonable Accommodation Request Form • Part 2

Owner Declaration: I, _____ certify, under penalty of perjury under the laws of the State of California, that the information provided above is correct and is being submitted to facilitate a currently anticipated use of the development by a person with a disability.

Signature: _____ Date: _____

A person with disability pursuant the Fair Housing Amendments Act of 1988 means any person who has a physical or mental impairment that substantially limits one or more major life activities; anyone who is regarded as having such impairment; or anyone who has a record of such impairment.

STAFF USE ONLY

Date Submitted: _____ Staff Initials: _____

The following findings have been made to support the reasonable accommodation request:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The development will be used by a person with a disability. |
| <input type="checkbox"/> | <input type="checkbox"/> | The request is necessary to make specific housing available to an individual protected under the Acts. |
| <input type="checkbox"/> | <input type="checkbox"/> | The request will not waive a requirement for a conditional use permit or result in approval of uses otherwise prohibited by the City's land use and zoning regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | The request will not impose an undue financial or administrative burden on the City of Chula Vista. |
| <input type="checkbox"/> | <input type="checkbox"/> | The requested accommodation will not require a fundamental alteration in the laws, rules, policies, procedures or programs of the City of Chula Vista, including but not limited to land use and zoning |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no feasible alternative means for providing an accommodation at the property which may provide an equivalent level of benefit. |

Additional information for the administrative record:

Approved Denied

If the requested accommodation is denied, provide reason(s) based on the required findings:

Staff Name and Title: _____

Signature: _____ Date: _____